



APPLICATION FOR PROFESSIONAL ATHLETE

BOXING MIXED MARTIAL ARTS KICKBOXING

You must submit all the items listed below before your application is processed.
Your application will be considered "Pending" if any information is not completed.

- ☐ \$60 Application Fee.
 - ☐ Two (2) passport sized photograph (2"x 2")
Note: emailed electronic photo preferred.
 - ☐ Physical Examination Report by licensed physician.
 - ☐ Eye Examination by licensed Ophthalmologist or Optometrist.
 - ☐ Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery).
 - ☐ MRI Diagnostic Report
 - ☐ MRI Summary Report
 - ☐ EKG Examination*
 - ☐ Cardiovascular History form*
 - ☐ Negative HIV, HCV Antibody (Hepatitis C), and HBV Surface Antigen (Hepatitis B) test results must be submitted on the letterhead of a CLEA certified laboratory in the United States.
- *Baseline examinations. Only when ordered.*

OFFICE USE ONLY

Received By: _____

Date Application Received: _____

Date License Approved: _____

License # and Exp. Date: _____

Federal ID/National # _____ Exp. Date: _____

Amount Rec'd: _____ Method of Payment: _____

Receipt #: _____ Receipt given by: _____

Section 1. Please print the following information:

Social Security Number:

Last Name

First Name

Middle Name

Address:

Street (No PO Box)

City

State

Zip Code

Country

Telephone number:

Email:

Male / Female

(circle one)

Date of Birth:
(MM / DD / YYYY):

Height:

____ Ft. ____ In.

Weight:

_____ pounds

Section 2. Please print the following information:

Have you ever used any other name(s)? YES NO If yes, list name(s): _____

Have you ever been disqualified in any competition? YES NO If yes, please explain: _____

Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, ORHCV)? YES NO If yes, please explain: _____

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Section 3. Please print the following information:

Professional boxing record:

Wins: _____ Wins by KO/TKO: _____ Losses: _____

Losses by KO/TKO: _____

Amateur boxing record:

Wins: _____ Wins by KO/TKO: _____ Losses: _____

Losses by KO/TKO: _____

Section 4. Please print the following information:

Professional martial arts record:

Kickboxing Mixed Martial Arts

Wins: _____ Wins by KO/TKO/Submissions: _____

Losses: _____ Losses by KO/TKO/Submissions: _____

Amateur martial arts record:

Kickboxing Mixed Martial Arts

Wins: _____ Wins by KO/TKO/Submissions: _____

Losses: _____ Losses by KO/TKO/Submissions: _____

Section 5. Please print the following information:

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	LICENSE YEAR	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? YES NO If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE OF ACTION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? YES NO If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENTAL AUTHORITY	HEARING DATE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been convicted of a crime in the past 10 years? YES NO If YES, provide the following information:

OFFENSE	DATE OF CONVICTION	CITY, STATE, COUNTRY	SENTENCE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges pending against you by any law enforcement agency? YES NO If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING OR TRIAL DATE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Section 6. Please print the Following Information:

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____
Address _____ Phone Number _____
City _____ State _____ Zip Code _____ Country _____

ALERT-Potential License Denial or Suspension for Failure to Pay Taxes

Effective July 1, 2012, the Department of Consumer Affairs and its constituent entities are required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Board, Bureau, Commission or Committee they have applied to receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension.

The law prohibits any of DCA's Boards, Bureaus, Commission or Committees from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L. 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and creditboxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

APPLICANT DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a professional athlete's license and that all the answers given are my own. I further declare that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV/HCV TEST RESULTS. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ Date: _____

Regarding Your Phone Number

The California State Athletic Commission routinely releases telephone numbers to commission licensees for contact purposes. If you do not want your phone number released, check this box: ☐ - do not release my telephone number.

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Authorization to Use and Disclose Protected Health Information

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by California Business and Professions Code Sections 18600 et seq. to collection information about the applicant's mental and physical health.

I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the California State Athletic Commission or its successors copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by that Commission in connection with this application or any further or future investigation by that Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to the organizations, individuals or groups listed above as well as additional parties with a vested interest in my current license status with the Commission, including but not limited to my current Manager, a Commission licensed Promoter of an event that I am participating in and to other regulatory bodies. The Commission will release this information only to those individuals, athletic commissions, or similar regulatory bodies that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

Name of Applicant

Signature of Applicant

Date